

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40818

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4999</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>10 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1316 Paseo Blvd</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>1316 Paseo Blvd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>G</u> c. (Last) <u>Lacey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec-15-1884</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Topeka, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Lacey</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Lacey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-16-1548</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Lacey</u> ADDRESS <u>1316 Paseo Blvd</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive H. Disease</u> DUE TO (c) <u>Chronic Pulmonary Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u> <u>6-2 yrs</u>	
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>No</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-24-</u> , 19 <u>44</u> , to <u>11-26-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-25</u> , 19 <u>50</u> , and that death occurred at <u>6:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Wells</u> (Degree or title)		23b. ADDRESS <u>2122-E-15th</u>		23c. DATE SIGNED <u>11-27-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Cemetery, N. C.</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>11-27-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. Appleton Jones</u> ADDRESS <u>City</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*C. Bennett Reiford*

Signed .....

Student Embalmer

Licensed Embalmer No. 4437

P. O. Address 1905 Vine St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.